

P140000038264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

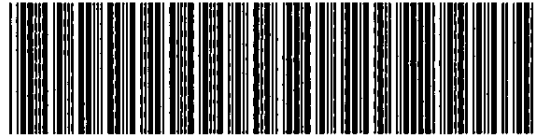
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 30 PM 2:11

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Ryley Group Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Maria A. Lopez

Name (Printed or typed)

5079 SW 103 Ave.

Address

Copper City, Florida 33328

City, State & Zip

305-282-9351

Daytime Telephone number

rileygrp@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Ryley Group Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5079 SW 103 Ave.

Cooper City, Florida 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To be a distributor of
different products to various vendors in different market sectors.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria A. Lopez/Director

Name and Title: _____

Address 5079 SW 103 Ave.

Address: _____

Cooper City, Florida 33328

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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(cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Maria A. Lopez
Address: 5079 SW 103 Ave.
Cooper City, Florida

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Maria A. Lopez
Address: 5079 SW 103 Ave.
Cooper City, Florida 33328

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

4/24/2014
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

4/24/2014
Date